PTO/SB/21 (02-04)
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PADEMIS					Application Number	09/973,266	
TRANSMITTAL					Filing Date	12/22/2000	
FORM					First Named Inventor	Howard N. Cannon ET AL.	
(to be used for all correspondence after initial filing)				filing)	Art Unit	3616	
					Examiner Name	R. Ilan	
Total Number of Deces in This Submission					Attorney Docket Number	00-351	
Total Number of Pages in This Submission 00-351							
				ENCL	OSURES (Check all that app	oly)	
	Fee Transm	nittal Form			ignment Papers an Application)	After Allowance communication to Technology Center (TC)	
	Fee Attached			Drawing(s)		Appeal Communication to Board of	
Х						Appeals and Interferences Appeal Communication to TC	
	Amendmen	endment/Reply		Licensing-related Papers		(Appeal Notice, Brief, Reply Brief)	
After Final				Peti	tion	Proprietary Information	
	Affidavits/declaration(s)				tion to Convert to a visional Application	Status Letter	
Extension of Time Request			Pow	ver of Attorney, Revocation	Other Enclosures(s) (please		
				nge of Correspondence Address	Identify below):		
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Ш	Information Disclosure Statement				DEGE		
	Certified Co	py of Priority	y of Priority		Number of CD(s)	RECEIVED	
	Response to Missing Parts/ Incomplete Application Response to Missing Parts			Remarks	1	MAY 1 7 2004	
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT							
Firm		.Tamer P	Çmi+h	Peci	stration No. 41 319		
	or James R. Smith, Registration No. 41,318 Individual name						
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